

Updated Claim Worksheet

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	10/537121
FILING DATE	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/		/		/		52						
3							53						
4	/		/		/		54						
5							55						
6	/		/		/		56						
7							57						
8							58						
9							59						
10	/		/		/		60						
11	/		/		/		61						
12			/		/		62						
13							63						
14							64						
15							65						
16							66						
17	/		/		/		67						
18							68						
19							69						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		3										
TOTAL DEP.	12	↔	15	↔									
TOTAL CLAIMS	18		18										